

PART B -FEE(S) TRANSMITTAL

**Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
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| | |
|----------------------------|--------------------|
| Colleen McKiernan, Ph.D. | (Depositor's name) |
| /Colleen McKiernan, Ph.D./ | (Signature) |
| April 14, 2009 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/517,803 | 12/10/2004 | Robert Ramage | 62146(71526) | 8946 |

TITLE OF INVENTION: PAR-2-ACTIVATING PEPTIDE DERIVATIVE AND PHARMACEUTICAL COMPOSITION USING THE SAME

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-----------------|--------------|----------------|-----------------|------------------|------------|
| Non-Provisional | no | \$1,510.00 | \$300.00 | \$1,810.00 | 05/26/2009 |
| EXAMINER | ART UNIT | CLASS-SUBCLASS | | | |
| J. E. Russel | 1654 | | | | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.
Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

| | |
|---|-----------------------------------|
| 1 | Edwards Angell Palmer & Dodge LLP |
| 2 | Peter F. Corless |
| 3 | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The University of Edinburgh
The University of Strathclyde
Kowa Company, Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Lothian, United Kingdom
Strathclyde, United Kingdom
Aichi, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order -# of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105

5. **Change in Entity Status** (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

| | | | |
|-----------------------|-----------------------------------|------------------|-----------------------|
| Authorized Signature | <u>/Colleen McKiernan, Ph.D./</u> | Date | <u>April 14, 2009</u> |
| Typed or printed name | <u>Colleen McKiernan, Ph.D.</u> | Registration No. | <u>48,570</u> |

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

Commissioner for Patents
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on April 14, 2009
Date

/Colleen McKiernan, Ph.D./

Signature

Colleen McKiernan, Ph.D.

Typed or printed name of person signing Certificate

48,570

Registration Number, if applicable

(617) 517-5555

Telephone Number

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Issue Fee Transmittal (1 page)